

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 183

Place of Birth Hayden County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number in order of birth
male			

DATE OF BIRTH* November 20 1924
(Month) (Day) (Year)

FULL NAME Ramon Vergara Garcia
FATHER

FULL MAIDEN NAME Carmen Valdez Sierras
MOTHER

I HEREBY CERTIFY that the child described
herein has been named

Armando Sierras Garcia
(Give name in full) (Surname)

Anita V. Sierras
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M-8-42-Bower Co.

171-1120-322